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U.S. DISTRICT COURT E.D.N.Y.

★ JUL 30 2018 ★

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

LONG ISLAND OFFICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Daniel Mallehan 469787
Full name of plaintiff/prisoner ID#

Plaintiff,

CV-18 4316

JURY DEMAND
YES ☒ NO ☐

-against-
Suffolk County
Sheriff's Office
Corrections Dept. Address
Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

SEYBERT, J.

RECEIVED

JUL 30 2018

BROWN, M. J.

EDNY PRO SE OFFICE

Defendants.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (X)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement _____

A. Is there a prisoner grievance procedure in this institution? Yes (✓) No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (✓)

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not I have already encountered retaliation. I am afraid for my safety.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (✓) No ()

F. If your answer is YES,

1. What steps did you take? I informed internal affairs, got taken to hospital and had investigation opened.

2. What was the result? Still pending

III Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Daniel Mallahan

Address 110 Center Dr. Riverhead NY 11901

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

Suffolk County Sheriffs Office
110 Center Dr
Riverhead NY 11901

Defendant No. 2

Suffolk County Correctional Facility
110 Center Dr
Riverhead, NY 11901

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

DM on June 19, 2018 @ approximately 3:00 PM, I Daniel Mahahan was fingered by another inmate as having contraband. I was brought to a "Sergeant's Office" away from cameras to be Stripped Searched. When bending at the waist to spread my buttocks one of the 3 staff members, (one being a SERT Correction officer, and two being investigator's), told me he saw a small plastic piece hanging out of my rectum. Officer investigator 1 and SERT threw me to the ground and I refused to pull it up out of my rectum → cont

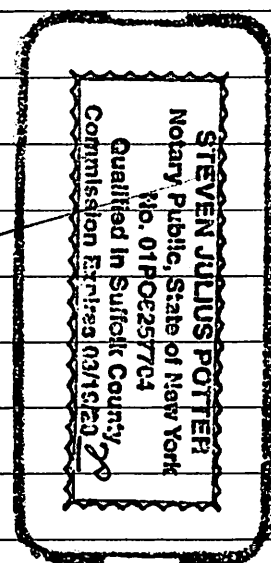
IV.A

If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I received a Serious Contusion to my right hand. The Sexual Assault resulted in a painful tear to my Anus that caused bleeding, Pain meds and Special treatment for Two weeks. I was treated at Pecanik Bay Medical Center in Riverhead NY.

continued from Packet
upon my refusal investigator #2 Smashed my
right hand with a metal baton. This caused
Severe Swelling and painful injury. Pictures were
taken by internal affairs. At this point all
3 officers held me down and investigator #1
inserted a finger about 2-3 inches into my
rectum and scooped roughly to manually and
forcefully pulled a bag containing a small amount
of cocaine out of my rectum. Upon an
evaluation by a sexual assault nurse examiner
there was a tear ^{IN} ~~ON~~ my anus caused by
this. ~~I have filed a notice of intent
and civil rights claim. I did not allow
these officers to perform a cavity search.~~
The ~~and~~ above mentioned assault is illegal
and a criminal case in Suffolk County
Police Department has been filed
CC # 18-363 DM

End of
Statement
Daniel Muller



STATE OF NY
COUNTY OF Suffolk
Sworn to (or affirmed) and subscribed before me
this 19 day of July, 2018, by
[Signature]
Notary Public's Signature
My Commission Expires on _____
Notary Name

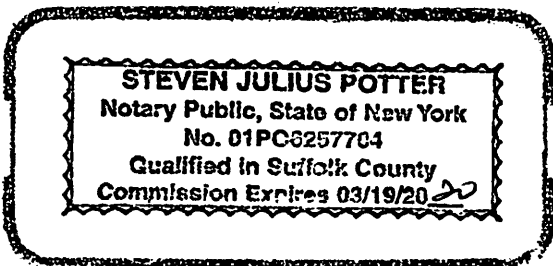
V. Relief

State what relief you are seeking if you prevail on your complaint.

Pain and Suffering Compensation in the
amount of \$200,000.00 - Two Hundred
Thousand Dollars.

I declare under penalty of perjury that on _____, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 19th day of July, 2018. I declare under penalty of
perjury that the foregoing is true and correct.



STATE OF NY
COUNTY OF Suffolk

Sworn to (or affirmed) and subscribed before me
this 19 day of July, 2018, by _____

Notary Public's Signature
My Commission Expires on _____

Notary Name _____

Paul Mullin
Signature of Plaintiff

Name of Prison Facility _____

Address _____

Prisoner ID# _____